

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 583914

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		2				
4		2				
5		2				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
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15		1				
16		1				
17		1				
18		1				
19		1				
20	1		1			
21		1				
22		2				
23		1				
24		1				
25		2				
26		1				
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46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	2		2			
TOTAL DEP.	36	←	33	←		
TOTAL CLAIMS	38		35			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						